

3/26/07

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS
(CANS)**

for

Indiana

REASSESSMENT

Birth to 5

Manual

**INDIANA CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) INITIAL
REASSESSMENT, Birth to 5**

A large number of individuals have collaborated in the development of the CANS-Comprehensive and Indiana CANS Reassessment tools. Along with the CANS versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The CANS Reassessment is an open domain tool for use in service delivery systems that address the mental health of children, adolescents and their families. The copyright is held by the Buddin Praed Foundation to ensure that it remains free to use. For specific permission to use please contact the Foundation. For more information on the CANS-Comprehensive Assessment and CANS Reassessment tools contact:

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INDIANA CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) INITIAL REASSESSMENT, Birth to 5

The CANS Reassessment tool supports ongoing decision making about level of need for children and families seeking services. It supports the rapid and consistent communication of the needs of children who are to be served through Indiana's children's system of care. It is intended to be completed by individuals who are directly involved with behavioral health services. The reassessment tool serves to document changing needs in order to ensure that the child and family receive the appropriate services and to support decision making.

This tool is designed from a communication theory perspective. As such, the indicators are selected to represent the key information needed in order to decide the appropriate type and intensity of services. For each indicator, four levels are anchored in order to translate the indicator into a level of action. For each item, these four levels can be generally translated into the following:

- 0** indicates no evidence or no reason to believe that the rated item requires any action.
- 1** indicates a need for watchful waiting, monitoring or possibly preventive action.
- 2** indicates a need for action. Some strategy is needed to address the problem/need.
- 3** indicates a need for immediate or intensive action. This level indicates an immediate safety concern or a priority for intervention.

In order to enhance the reliability of the tool, anchor points have been designed to facilitate the translation of levels of each indicator into the four action levels described above. It should be noted that these anchor points represent guidelines. Since it is not feasible to exhaustively define all circumstances that might fit a particular level, the assessor may use some clinical judgment to determine the rating when no clear choice is obvious. This judgment should be guided by a decision on the appropriate level of action required for the specific indicator.

A primary goal of this tool is to further communication with both the individual child and family and Indiana's system of care. As such, consistency and reliability in the use of the CANS Reassessment is a priority. Therefore, formal training and certification are required prior to any staff completing this tool for an actual reassessment and planning.

INDIANA CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) INITIAL REASSESSMENT, Birth to 5

CODING DEFINITIONS

LIFE DOMAIN FUNCTIONING

Check	FAMILY <i>Please rate the highest level from the past 30 days</i>
0	No evidence of problems in interaction with family members.
1	Child is doing adequately in relationships with family members although some problems may exist. For example, some family members may have mild problems in their relationships with child including sibling rivalry or under-responsiveness to child needs.
2	Child is having moderate problems with parents, siblings and/or other family members. Frequent arguing, strained interaction with parent, and poor sibling relationships may be observed.
3	Child is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, constant arguing, and aggression with siblings.

Check	LIVING SITUATION <i>Please rate the highest level from the past 30 days</i>
0	No evidence of problem with functioning in current living environment.
1	Mild problems with functioning in current living situation. Caregivers concerned about child's behavior or needs at home.
2	Moderate to severe problems with functioning in current living situation. Child has difficulties maintaining his/her behavior in this setting creating significant problems for others in the residence. Parents of infants concerned about irritability of infant and ability to care for infant.
3	Profound problems with functioning in current living situation. Child is at immediate risk of being removed from living situation due to his/her behaviors or unmet needs.

Check	PRESCHOOL/DAY CARE <i>Please rate the highest level from the past 30 days</i>
0	No evidence of problems in the preschool/day care setting.
1	Child is performing adequately in preschool/day care although some concerns are present due to past history or poor development in social or cognitive abilities.
2	Child is experiencing moderate problems with school attendance, interaction with peers, interaction with teachers and/or achievement.
3	Child is experiencing severe problems with school attendance, interaction with teachers interaction with peers, or achievement that may even result in expulsion.

Check	SOCIAL FUNCTIONING <i>Please rate the highest level from the past 30 days</i>
0	No evidence of problems in social functioning.
1	Child is having some minor problems in social relationships. Infants may be slow to respond to adults, Toddlers may need support to interact with peers and preschooler may resist social situations.
2	Child is having some moderate problems with his/her social relationships. Infants may be unresponsive to adults, and unaware of other infants. Toddlers may be aggressive and resist parallel play. Preschoolers may argue excessively with adults and peers and lack ability to play in groups even with adult support.
3	Child is experiencing severe disruptions in his/her social relationships. Infants show no ability to interact in a meaningful manner. Toddlers are excessively withdrawn and unable to relate to familiar adults. Preschoolers show no joy or sustained interaction with peers or adults, and/or aggression may be putting others at risk.

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Check	RECREATION/PLAY <i>Please rate the highest level from the past 30 days</i>
0	No evidence that infant or child has problems with recreation or play.
1	Child is doing adequately with recreational or play activities although some problems may exist. Infants may not be easily engaged in play. Toddlers and preschoolers may seem uninterested and poorly able to sustain play.
2	Child is having moderate problems with recreational activities. Infants resist play or do not have enough opportunities for play. Toddlers and preschoolers show little enjoyment or interest in activities within or outside the home and can only be engaged in play/recreational activities with ongoing adult interaction and support.
3	Child has no access to or interest in play or recreational activities. Infant spends most of time non interactive. Toddlers and preschoolers even with adult encouragement can not demonstrate enjoyment or use of play to further development.

Check	DEVELOPMENTAL <i>Please rate the highest level from the past 30 days</i>
0	No evidence of developmental problems.
1	Child has some problems with acquiring new skills or there are concerns about possible developmental delay. Child may have low IQ.
2	Child has developmental delays or mild mental retardation. A child that has experienced significant developmental regression would be rated here.
3	Child has severe and pervasive developmental delays or profound mental retardation.

Check	MOTOR <i>Please rate the highest level from the past 30 days</i>
0	No evidence of fine or gross motor development problems.
1	Child has some indicators that motor skills are challenging and there may be some concern that there is a delay.
2	Child has either fine or gross motor skill delays.
3	Child has significant delays in fine or gross motor development or both. Delay causes impairment in functioning.

Check	COMMUNICATION <i>Please rate the highest level from the past 30 days</i>
0	No evidence of communication problems.
1	Child has a history of communication problems but currently is not experiencing problems. An infant may rarely vocalize. A toddler may have very few words and become frustrated with expressing needs. A preschooler may be difficult for others to understand.
2	Child has either receptive or expressive language problems that interfere with functioning. Infants may have trouble interpreting facial gestures or initiate gestures to communicate needs. Toddlers may not follow simple 1-step commands. Preschoolers may be unable to understand simple conversation or carry out 2-3 step commands.
3	Child has serious communication difficulties and is unable to communicate in any way including pointing and grunting.

Check	MEDICAL <i>Please rate the highest level from the past 30 days</i>
0	Child is healthy.
1	Child has some medical problems that require medical treatment.
2	Child has chronic illness that requires ongoing medical intervention.
3	Child has life threatening illness or medical condition.

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Check	PHYSICAL <i>Please rate the highest level from the past 30 days</i>
0	Child has no physical limitations.
1	Child has some physical condition that places mild limitations on activities. Conditions such as impaired hearing or vision would be rated here. Rate here, treatable medical conditions that result in physical limitations (e.g. asthma).
2	Child has physical condition that notably impacts activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here.
3	Child has severe physical limitations due to multiple physical conditions.

Check	SLEEP <i>Please rate the highest level from the past 30 days</i> The child must be 12 months of age or older to rate this item.
0	No evidence of problems with sleep.
1	Child has some problems with sleep. Toddlers resist sleep and consistently need a great deal of adult support to sleep. Preschoolers may have either a history of poor sleep or continued problems 1-2 nights per week.
2	Child is having problems with sleep. Toddlers and preschoolers may experience difficulty falling asleep, night waking, night terrors or nightmares on a regular basis.
3	Child is experiencing significant sleep problems that result in sleep deprivation. Parents have exhausted numerous strategies for assisting child.

Check	RELATIONSHIP PERMANENCE <i>Please rate the highest level from the past 30 days. This rating refers to the stability of significant relationships in the child or youth's life. This likely includes family members but may also include other individuals.</i>
0	This level indicates a child who has very stable relationships. Family members, friends, and community have been stable for most of child's life and are likely to remain so in the foreseeable future. Child is involved with both parents.
1	This level indicates a child who has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.
2	This level indicates a child has had at least one stable relationship over his/her lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.
3	This level indicates a child who does not have any stability in relationships with any caregiver. Independent living or adoption must be considered.

CHILD BEHAVIORAL/EMOTIONAL NEEDS

Check	ATTACHMENT <i>Please rate based on the past 30 days</i>
0	No evidence of problems with attachment.
1	Mild problems with attachment are present. Infants appear uncomfortable with caregivers, may resist touch, or appear anxious and clingy some of the time. Caregivers feel disconnected from infant. Older children may be overly reactive to separation or seem preoccupied with parent. Boundaries may seem inappropriate with others.
2	Moderate problems with attachment are present. Infants may fail to demonstrate stranger anxiety or have extreme reactions to separation resulting in interference with development. Older children may have ongoing problems with separation, may consistently avoid caregivers and have inappropriate boundaries with others putting them at risk.
3	Severe problems with attachment are present. Infant is unable to use caregivers to meet needs for safety and security. Older children present with either an indiscriminate attachment patterns or a withdrawn, inhibited attachment patterns. A child that meets the criteria for Reactive Attachment Disorder would be rated here.

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Check	REGULATORY: BODY CONTROL/EMOTIONAL CONTROL: This item refers to the child's ability to control bodily functions such as eating, sleeping and elimination as well as activity level/intensity and sensitivity to external stimulation. The child's ability to control and modulate intense emotions is also rated here. <i>Please rate based on the past 30 days</i>
0	No evidence of regulatory problems.
1	Some problems with regulation are present. Infants may have unpredictable patterns and be difficult to console. Older children may require a great deal of structure and need more support than other children in coping with frustration and difficult emotions.
2	Moderate problems with regulation are present. Infants may demonstrate significant difficulties with transitions, and irritability such that consistent adult intervention is necessary and disruptive to the family. Older children may demonstrate severe reactions to sensory stimuli and emotions that interfere with their functioning and ability to progress developmentally. Older children may demonstrate such unpredictable patterns in their eating and sleeping routines that the family is disrupted and distressed.
3	Profound problems with regulation are present that place the child's safety, well being and/or development at risk.

Check	FAILURE TO THRIVE <i>Please rate based on the past 30 days</i>
0	No evidence of failure to thrive.
1	The infant/child may have experienced past problems with growth and ability to gain weight and is currently not experiencing problems. The infant/child may presently be experiencing slow development in this area.
2	The infant or child is experiencing problems in their ability to maintain weight or growth. The infant or child may be below the 5 th percentile for age and sex, may weigh less than 80% of their ideal weight for age, have depressed weight for height, have a rate of weight gain that causes a decrease in two or more major percentile lines over time, (75 th to 25 th).
3	The infant/child has one or more of all of the above and is currently at serious medical risk.

Check	DEPRESSION <i>Please rate based on the past 30 days</i>
0	No evidence of problems with depression.
1	There are some indicators that the child may be depressed or has experienced situations that may lead to depression. Infants may appear to be withdrawn and slow to engage at times during the day. Older children are irritable or do not demonstrate a range of affect.
2	Moderate problems with depression are present. Infants demonstrate a change from previous behavior and appear to have a flat affect with little responsiveness to interaction most of the time. Older children may have negative verbalizations, dark themes in play and demonstrate little enjoyment in play and interactions. The child meets criteria for a DSM IV diagnosis.
3	Clear evidence of disabling level of depression that makes it virtually impossible for the child to function in any life domain.

Check	ANXIETY <i>Please rate based on the past 30 days</i>
0	No evidence
1	History or suspicion of anxiety problems or mild to moderate anxiety associated with a recent negative life event. An infant may appear anxious in certain situations but has the ability to be soothed. Older children may appear in need of extra support to cope with some situations but are able to be calmed.
2	Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in child's ability to function in at least one life domain. Infants may be irritable, over reactive to stimuli, have uncontrollable crying and significant separation anxiety. Older children may have all of the above with persistent reluctance or refusal to cope with some situations.
3	Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain.

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Check	ATYPICAL BEHAVIORS <i>Please rate based on the past 30 days</i> Behaviors may include mouthing after 1 year, head banging, smelling objects, spinning, twirling, hand flapping, finger-flicking, rocking, toe walking, staring at lights, or repetitive and bizarre verbalizations.
0	No evidence of atypical behaviors in the infant/child.
1	History or reports of atypical behaviors from others that have not been observed by caregivers.
2	Clear evidence of atypical behaviors reported by caregivers that are observed on an ongoing basis.
3	Clear evidence of atypical behaviors that are consistently present and interfere with the infants/child's functioning on a regular basis.

Check	IMPULSIVITY/HYPERACTIVITY <i>Please rate based on the past 30 days</i> The child should be 3 years of age or older to rate this item.
0	No evidence
1	Some problems with impulsive, distractible or hyperactive behavior that places the child at risk of future functioning difficulties.
2	Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child's ability to function in at least one life domain. The child may run and climb excessively even with adult redirection. The child may not be able to sit still even to eat and is often into things. The child may blurt out answers to questions without thinking, have difficulty waiting turn and intrude on others space.
3	Clear evidence of a dangerous level of impulsive and hyperactive behavior that can place the child at risk of physical harm.

Check	OPPOSITIONAL BEHAVIOR <i>Please item should be rated</i> The child should be 3 years of age or older to rate this item.
0	No evidence
1	History or recent onset (past 6 weeks) of defiance towards authority figures.
2	Clear evidence of oppositional and/or defiant behavior towards authority figures, which is currently interfering with the child's functioning in at least one life domain. Behavior is persistent and caregiver's attempts to change behavior have failed.
3	Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others or problems in more than one life domain that is resulting in interference with child's social and emotional development.

Check	ADJUSTMENT TO TRAUMA <i>Please rate based on the past 30 days</i>
0	No evidence of adjustment to trauma.
1	The child has experienced a traumatic event and is not demonstrating symptoms or there are mild changes in the child's behavior that are controlled by caregivers.
2	Clear evidence of adjustment problems associated with traumatic life event/s. Adjustment is interfering with child's functioning in at least one life domain. Infants may have developmental regression, and/or eating and sleeping disturbance. Older children may have all of the above as well as behavioral symptoms, tantrums and withdrawn behavior.
3	Clear evidence of symptoms of Post Traumatic Stress Disorder, which may include flashbacks, nightmares, significant anxiety, and intrusive thoughts of trauma experience.

INDIANA CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) INITIAL REASSESSMENT, Birth to 5

CHILD RISK FACTORS

Check	BIRTH WEIGHT
0	Child is within normal range for weight and has been since birth. A child 5.5 pounds or over would be rated here.
1	Child was born under weight but is now within normal range or child is slightly beneath normal range. A child with a birth weight of between 3.3 pounds and 5.5 pounds would be rated here.
2	Child is considerably under weight to the point of presenting a developmental risk to the child. A child with a birth weight of 2.2 pounds to 3.3 pounds would be rated here.
3	Child is extremely under weight to the point of the child's life being threatened. A child with a birth weight of less than 2.2 pounds would be rated here.

Check	PICA <i>Please rate the highest level from the past 30 days</i> Child must be older than 18 months to rate this item
0	No evidence that the child eats unusual or dangerous materials.
1	Child has a history of eating unusual or dangerous materials but has not done so in the last 30 days.
2	Child has eaten unusual or dangerous materials consistent with a diagnosis of Pica in the last 30 days.
3	Child has become physically ill during the past 30 days by eating dangerous materials.

Check	SUBSTANCE EXPOSURE
0	Child had no in utero exposure to alcohol or drugs, and there is no current exposure in the home.
1	Child had either mild in utero exposure or there is current alcohol and/or drug use in the home.
2	Child was exposed to significant alcohol or drugs in utero. Any ingestion of illegal drugs during pregnancy or significant use of alcohol or tobacco, would be rated here.
3	Child was exposed to alcohol or drugs in utero and continues to be exposed in the home.

Check	PARENT OR SIBLING PROBLEMS
0	The child's parents have no developmental disabilities. The child has no siblings, or existing siblings are not experiencing any developmental or behavioral problems.
1	The child's parents have no developmental disabilities. The child has siblings who are experiencing some mild developmental or behavioral problems. It may be that the child has at least one healthy sibling.
2	The child's parents have no developmental disabilities. The child has a sibling who is experiencing a significant developmental or behavioral problem.
3	One or both of the child's parents have been diagnosed with a developmental disability, or the child has multiple siblings who are experiencing significant developmental or behavioral problems.

Check	SELF HARM <i>Please rate the highest level from the past 30 days</i>
0	No evidence
1	Mild level of self harm behavior or history of self harm.
2	Moderate level of self harm behavior such as head banging that can not be impacted by caregiver and interferes with child's functioning.
3	Severe level of self harm behavior that puts the child's safety and well being at risk.

Check	ABUSE/NEGLECT <i>Please rate the highest level from the past 30 days</i>
0	No evidence nor does the caregiver have any history of abuse/neglect.
1	No evidence of abuse/neglect, parent has received treatment to address this behavior.
2	No evidence of abuse or neglect. Parent has history of this behavior without treatment.
3	Evidence of current abuse/neglect.

***All referrants are legally required to report suspected abuse/neglect to DCS.**

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Check	SOCIAL BEHAVIOR <i>Please rate the highest level from the past 30 days</i> The child should be 3 years of age or older to rate this item.
0	No evidence of problematic social behavior. Child does not engage in behavior that forces adults to sanction him/her.
1	Mild level of problematic social behavior. This might include occasional inappropriate social behavior that forces adults to sanction the child. Infrequent inappropriate comments to strangers or unusual behavior in social settings might be included in this level.
2	Moderate level of problematic social behavior. Social behavior is causing problems in the child's life. Child may be intentionally getting in trouble in school or at home.
3	Severe level of problematic social behavior. This level would be indicated by frequent serious social behavior that forces adults to seriously and/or repeatedly sanction the child. Social behaviors are sufficiently severe that they place the child at risk of significant sanctions (e.g. expulsion, removal from the community)

CHILD'S STRENGTHS

Check	FAMILY <i>Please rate the highest level from the past 30 days</i>
0	Significant family strengths. This level indicates a family with much love and respect for one another. Family members are central in each other's lives. Child is full included in family activities.
1	Moderate level of family strengths. This level indicates a loving family with generally good communication and ability to enjoy each other's company. There may be some problems between family members.
2	Mild level of family strengths. Family is able to communicate and participate in each other's lives; however, family members may not be able to provide significant emotional or concrete support for each other.
3	This level indicates a child with no known family strengths. Child is not included in normal family activities.

Check	EXTENDED FAMILY RELATIONSHIPS <i>Please rate the highest level from the past 30 days</i>
0	Infant/child has well established relationships with extended family that serve to support his/her growth and development. Family members are a significant support to parents and involved most of the time with infant/child.
1	Child has extended family relationships that are supportive most of the time. Extended family participates in the life of the child and his/her family much of the time.
2	Infant/child has infrequent contact with extended family members. The support the infant/child receives is not harmful but inconsistent.
3	Infant/child has no contact with extended family members or the contact with extended family is detrimental to the infant/child.

Check	INTERPERSONAL <i>Please rate the highest level from the past 30 days</i>
0	Significant interpersonal strengths. Child has a prosocial or "easy" temperament and, if old enough, is interested and effective at initiating relationships with other children or adults. If still an infant, child exhibits anticipatory behavior when fed or held.
1	Moderate level of interpersonal strengths. Child has formed a positive interpersonal relationship with at least one non-caregiver. Child responds positively to social initiations by adults, but may not initiate such interactions by him-or herself.
2	Mild level of interpersonal strengths. Child may be shy or uninterested in forming relationships with others, or –if still an infant–child may have a temperament that makes attachment to others a challenge.
3	This level indicates a child with no known interpersonal strengths. Child does not exhibit any age-appropriate social gestures (e.g. Social smile, cooperative play, responsiveness to social initiations by non-caregivers). An infant that consistently exhibits gaze aversion would be rated here.

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Check	ADAPTABILITY <i>Please rate the highest level from the past 30 days</i>
0	Child has a strong ability to adjust to changes and transitions.
1	Child has the ability to adjust to changes and transitions, when challenged the infant/child is successful with caregiver support.
2	Child has difficulties much of the time adjusting to changes and transitions even with caregiver support.
3	Child has difficulties most of the time coping with changes and transitions. Adults are minimally able to impact child's difficulties in this area.

Check	PERSISTENCE <i>Please rate the highest level from the past 30 days</i>
0	Infant/child has a strong ability to continue an activity when challenged or meeting obstacles.
1	Infant/child has some ability to continue an activity that is challenging. Adults can assist a child to continue attempting the task or activity.
2	Child has limited ability to continue an activity that is challenging and adults are only sometimes able to assist the infant/child in this area.
3	Child has difficulties most of the time coping with challenging tasks. Support from adults minimally impacts the child's ability to demonstrate persistence.

Check	CURIOSITY <i>Please rate the highest level from the past 30 days</i>
0	This level indicates a child with exceptional curiosity. Infant displays mouthing and banging of objects within grasp; older children crawl or walk to objects of interest.
1	This level indicates a child with good curiosity. An ambulatory child who does not walk to interesting objects, but who will actively explore them when presented to him/her, would be rated here.
2	This level indicates a child with limited curiosity. Child may be hesitant to seek out new information or environments, or reluctant to explore even presented objects.
3	This level indicates a child with very limited or no observable curiosity.

CAREGIVER NEEDS & STRENGTHS

Check	PHYSICAL <i>Please rate the highest level from the past 30 days</i>
0	Caregiver is generally healthy.
1	Caregiver is in recovery from medical/physical problems.
2	Caregiver has medical/physical problems that interfere with their capacity to parent.
3	Caregiver has medical/physical problems that make it impossible for them to parent at this time.

Check	MENTAL HEALTH <i>Please rate the highest level from the past 30 days</i>
0	Caregiver has no mental health needs.
1	Caregiver is in recovery from mental health difficulties.
2	Caregiver has some mental health difficulties that interfere with their capacity to parent.
3	Caregiver has mental health difficulties that make it impossible for them to parent at this time.

Check	SUBSTANCE USE <i>Please rate the highest level from the past 30 days</i>
0	Caregiver has no substance use needs.
1	Caregiver is in recovery from substance use difficulties.
2	Caregiver has some substance use difficulties that interfere with their capacity to parent.
3	Caregiver has substance use difficulties that make it impossible for them to parent at this time.

Check	DEVELOPMENTAL <i>Please rate the highest level from the past 30 days</i>
0	Caregiver has no developmental needs.
1	Caregiver has developmental challenges but they do not currently interfere with parenting.
2	Caregiver has developmental challenges that interfere with their capacity to parent.
3	Caregiver has severe developmental challenges that make it impossible for them to parent at this time.

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Check	SAFETY <i>Please rate the highest level from the past 30 days</i>
0	Household is safe and secure. Child is at no risk from others.
1	Household is safe but concerns exist about the safety of the child in his/her neighborhood.
2	Child is in some danger from one or more individuals who have access to the household.
3	Child is in immediate danger from one or more individuals with unsupervised access.

Check	SUPERVISION <i>Please rate the highest level from the past 30 days</i>
0	Caregiver has good monitoring and discipline skills.
1	Caregiver provides generally adequate supervision. May need occasional help or technical assistance.
2	Caregiver reports difficulties monitoring and/or disciplining child. Caregiver needs assistance to improve supervision skills.
3	Caregiver is unable to monitor or discipline the child. Caregiver requires immediate and continuing assistance. Child is at risk of harm to self due to absence of supervision.

Check	INVOLVEMENT WITH CARE <i>Please rate the highest level from the past 30 days</i>
0	Caregiver is able to act as an effective advocate for child.
1	Caregiver has history of seeking help for child. Caregiver is open to receiving support, education, and information.
2	Caregiver does not wish to participate in services and/or interventions intended to assist child.
3	Caregiver wishes for child to be removed from their care.

Check	KNOWLEDGE <i>Please rate the highest level from the past 30 days</i>
0	Caregiver is knowledgeable about the child's needs and strengths.
1	Caregiver is generally knowledgeable about the child but may require additional information to improve their capacity to parent.
2	Caregiver has clear need for information to improve how knowledgeable they are about the child. Current lack of information is interfering with their ability to parent.
3	Caregiver has knowledge problems that place the child at risk of significant negative outcomes.

Check	ORGANIZATION <i>Please rate the highest level from the past 30 days</i>
0	Caregiver is well organized and efficient.
1	Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case/care manager calls.
2	Caregiver has moderate difficulty organizing and maintaining household to support needed services.
3	Caregiver is unable to organize household to support needed services.

Check	SOCIAL RESOURCES <i>Please rate the highest level from the past 30 days</i>
0	Caregiver has significant family and friend social network that actively helps with raising the child (e.g., child rearing).
1	Caregiver has some family or friend social network that actively helpS with raising the child (e.g. child rearing).
2	Caregiver has some family or friend social network that may be able to help with raising the child (e.g., child rearing).
3	Caregiver has no family or social network that may be able to help with raising the child (e.g. child rearing).

Check	RESIDENTIAL STABILITY <i>Please rate the highest level from the past 30 days</i>
0	Caregiver has stable housing for the foreseeable future.
1	Caregiver has relatively stable housing but either has moved in the past three months or there are indications of housing problems that might force them to move in the next three months.
2	Caregiver has moved multiple times in the past year. Housing is unstable.
3	Caregiver has experienced periods of homelessness in the past six months.

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<i>Check</i>	FAMILY STRESS <i>Please rate the highest level from the past 30 days</i>
0	Caregiver able to manage the stress of child/children's needs..
1	Caregiver has some problems managing the stress of child/children's needs.
2	Caregiver has notable problems managing the stress of child/children's needs. This stress interferes with their capacity to give care.
3	Caregiver is unable to manage the stress associated with child/children's needs. This stress prevents caregiver from parenting.

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)**INDIANA REASSESSMENT – BIRTH - 5**

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Child's First

Middle

Last Name

Date

<div style="border-bottom: 1px solid black; width: 100%;"></div> Child's DOB	Ethnicity <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Mexican <input type="checkbox"/> Other Hispanic <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Latino, Unk Origin	Gender <input type="checkbox"/> M <input type="checkbox"/> F
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 Race
 ☐ Asian
 ☐ Black
 ☐ Hawaiian
 ☐ Native American
 ☐ White
 Zip Code

 Medicaid #
 SSN

Mother's Maiden Name: <div style="border-bottom: 1px solid black; width: 90%;"></div>	Agency: <div style="border-bottom: 1px solid black; width: 90%;"></div>
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Assessor (Print Name)	Signature of Assessor

CHILD LIFE DOMAIN FUNCTIONING
 0 = no evidence of problems 1 = history, mild
 2 = moderate 3 = severe

	NA	0	1	2	3
Family		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living Situation		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preschool/Daycare		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Functioning		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreation/Play		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motor		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Permanence		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD STRENGTHS
 0 = centerpiece 1 = useful
 2 = identified 3 = not yet identified

	0	1	2	3
Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extended Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adaptability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Persistence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Curiosity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Permanence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD BEHAVIORAL / EMOTIONAL NEEDS
 0 = no evidence
 1 = history or sub-threshold, watch/prevent
 2 = causing problems, consistent with diagnosable disorder
 3 = causing severe/dangerous problems

	NA	0	1	2	3
Attachment		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regulatory		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Failure to Thrive		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Atypical Behaviors		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulsive/Hyper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oppositional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment to Trauma		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CAREGIVER STRENGTHS & NEEDS
☐ Not applicable – no caregiver identified
 0 = no evidence 1 = minimal needs
 2 = moderate needs 3 = severe needs

	0	1	2	3
Physical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement with Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD RISK FACTORS
 0 = no evidence 1 = history, watch/prevent
 2 = recent, act 3 = acute, act immediately

	NA	0	1	2	3
Birth Weight		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pica		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Exposure		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent/Sibling Problem		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self Harm		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abuse/Neglect		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Behavior		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

